

Practices aimed at increasing reach, access & retention



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“some [MEM] may be more vulnerable to substance misuse for reasons such as trauma, unemployment and poverty, loss of family and social support, and the move to a normatively lenient setting” EMCDDA, 2019, p. 9

34 PRACTICES

ACCESS

- ## RETENTION

- ## REACH

- ## DOMAIN

- ## GOAL

- ## POPULATIONS

- ## EVALUATION

- ## CONCLUSION & REFLECTION

Little to no practices aimed at retention in treatment

Little evaluation research and evidence-based practice

Country representation comparable to the EMCDDA prevention profiles

There is a need for...

- Early (brief) intervention among refugees ([Kane & Greene, 2018](#)) & innovating residential treatment to cope with diversity in society
- Targeted prevention aimed at increasing knowledge about treatment ([Kohlenberger, 2019](#); [Butler, 2016](#); [Priebe et al., 2011](#))
- Addressing social needs among varying MEM ([WHO, 2018](#); [Priebe et al., 2016](#))
- Targetted policy support for tackling MEM (mental) health and substance use related issues ([WHO, 2018](#); [Burkhart et al., 2011](#))

We need to think about how we can...

- Share expertise on early intervention in asylum centres and camp settings
- Disseminate and improve existent practices among professionals
- Support professionals in conducting and disseminating (low threshold) evaluation

REACH → ACCESS → RETENTION

The diagram illustrates a three-stage process. It begins with 'REACH', represented by a hand icon with sound waves. An arrow points to 'ACCESS', represented by an open door icon. Another arrow points to 'RETENTION', represented by a person icon inside a circular arrow. Below the icons, the words 'REACH', 'ACCESS', and 'RETENTION' are written in all caps.

- What are the main goals: reach, access and / or retention?

- Which are the targeted populations?
- In which domain are these practices located (prevention, treatment, harm reduction)?
- (how) Are these practices evaluated?

→ Input for a 'Guidebook for accessible and intercultural drug treatment' in Dutch and French

- 15 core questions: 9 multiple choice and 6 open ended questions
- Dissemination in two waves to 33 European drug treatment related networks (based on an updated list of [Fountain \[EMCDDA\], 2013](#))
- 84 purposively sampled EU contacts
- Coordinators of 14 EU wide projects on migrant health

Broad Inclusion criteria

- Aimed at increasing access for, reach and retention of MEM in treatment
- Practices: interventions, projects, (small) service actions, measures, policies

Limitations

- Broad inclusion criteria: hard to discern trends across the practices
- Sampling bias (overrepresentation of Portugal, Czechia)
- Limited time frame of the survey
- Exclusion of Belgium (discussed separately in the MATREMI report)



Some examples of the identified practices

DMB project, Tovarna ROG (Ljubljana, Slovenia): outreach work with migrants that use drugs, support, dissemination of Naloxone and paraphernalia

Opioid Substitution Treatment, ARAS, Romanian Association Against Aids (Bucharest, Romania): methadone substitution treatment, testing for HIV and hepatitis, social and psychological counselling, general medical check-ups

ADV Rehabilitation und Integration gGmbH Projekt NOKTA (Berlin, Germany): intercultural drug treatment: individual therapy plans in residential treatment for men with a migration background

Native Videotranslation during treatment, Verein Dialog (Vienna, Austria): diagnosis and counselling for drug addicted immigrants

This research was conducted in the framework of a policy oriented research project (MATREMI: mapping & enhancing substance use treatment for migrants and ethnic minorities) (www.belspo.be) funded by the Belgian Science Policy Office, DR/85, granted to the [Institute for Social Drug Research](#) (Ghent University) in collaboration with [Université Libre de Bruxelles](#), the [Flemish Association for alcohol and other drugs](#), the [Brussels Drug Dependency Federation](#) and the [Walloon Drug Dependency Federation](#). MATREMI is a sequel to the [PADUMI research project](#) (patterns of drug use among migrants and ethnic minorities, DR/69).

Ghent University recently created an informal research network on access to treatment, recovery and judicial referral among migrants and ethnic minorities. This network involves Prof. Dr. Tom Decorte, Prof. Dr. Wouter Vanderplasschen, Prof. Dr. Freya Vander Laenen, Prof. Dr. Colman and researchers Charlotte De Kock, Aline Pouille and Eva Blomme.